

Schedule A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 5201

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN MCCAIN 2008, INC.

A.

Full Name (Last, First, Middle Initial)

MS. CAROLYN PESNELL AMORY

Mailing Address

2085 STRATFORD PLACE

City

MONTECITO

State

CA

Zip Code

93108-2247

FEC ID number of contributing
federal political committee.Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2491.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	8

Amount of Each Receipt this Period

200.00

CONTRIBUTION

REDESIGNATION REQUESTED

Transaction ID: SA17.2123822

B.

Full Name (Last, First, Middle Initial)

MR. GUILLERMO A. AMTMANN

Mailing Address

510 BERING DRIVE

SUITE 242

City

HOUSTON

State

TX

Zip Code

77057-1471

FEC ID number of contributing
federal political committee.Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Amount of Each Receipt this Period

-4600.00

CONTRIBUTION

CHECK RETURNED BY BANK

Transaction ID: SA17.2248157

C.

Full Name (Last, First, Middle Initial)

MRS. ANN M. AMUNDSEN

Mailing Address

1142 S. PITT ST

City

CARLISLE

State

PA

Zip Code

17013-4437

FEC ID number of contributing
federal political committee.Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Receipt this Period

500.00

CONTRIBUTION

REDESIGNATION REQUESTED

Transaction ID: SA17.2371749

SUBTOTAL of Receipts This Page (optional)

-3900.00

TOTAL This Period (last page this line number only)